## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10813450

1			-										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			21					RATE	FEE	7	RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	OR	BASIC FE	<del></del>	
T	OTAL CHARGE	EABLE CLAIMS	Um	## minus 20=		•		X\$ 9=		OR		10	
iΝ	DEPENDENT (	CLAIMS	, ,	ninus 3 =	•			X43=	<b>-</b>	7	X86=	118-	
м	ULTIPLE DEPE	NDENT CLAIM	PRESENT					A43=	-	OR		-	
<u> </u>			. I a a a Ala a a		<b></b>			+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	288		
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
_	<del>,</del>	(Column 1)		(Colum			<u> </u>	SIVIALL	CHILL	OH.	SWALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	-	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus			=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
									<u> </u>	ا```ل			
								TOTAL		OR ,	TOTAL ADDIT. FEE		
				A	DDIT. FEE	<u> </u>		AUDII. PEEI					
		(Column 1)		(Colum		(Column 3)							
<b>m</b>		CLAIMS REMAINING	1	HIGHE					ADDI-	7 [		ADDI-	
	1	AFTER	j	PREVIOU		PRESENT EXTRA		RATE	TIONAL	1 1	RATE	TIONAL	
Z		AMENDMENT	1	PAID F		EATRA			FEE	1 1		FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		≈ .		X43= ·	·	1 t	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
•						*	L	+145=		OR	+290=		
	•							TOTAL DIT. FEE		OR .	TOTAL DDIT, FEE		
		<b>10</b> -1 4)						DII. FEE	,	• ^	DUII. FEEL		
		(Column 1)		(Columi		(Column 3)	•			٠		Ì	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
+145= OR											+290=	B	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
T	he "Highest Num	nber Previously Paid ber Previously Paid	For (Total or	Independent	ess than ) is the l	i 3, enter "3." highest number		_	ropriate box		•		